

## CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of Calhoun

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
63326Township of Pine Groveor  
Inc. Town of Lonestar SEor  
City of .....Registration District No. 803 Registered No. 37

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward

(2) Full Name of Child Madeline Crosswell } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jun 1 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Pat. Crosswell(9) PRESENT POSTOFFICE OF FATHER Lonestar SE(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Lonestar SE(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Adrianna Flood(15) PRESENT POSTOFFICE OF MOTHER Lonestar SE(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Lonestar SE(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth { 1 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 3 P(23) (Signature) Mrs. J. Tompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mid wife Lonestar SE

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jun 8 1916 (28) J. W. Stouffer Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw. of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

THIS IS A PERMANENT RECORD.